

**Blueprint Payment Implementation Workgroup**  
**October 12, 2011**  
**1:00 – 2:00 pm**

**Minutes**

**Attendance:**

Pam Biron, Amy James, Scott Frey, BCBSVT; Kevin Ciechon, CIGNA; Chrissie Racicot, HP-Medicaid; Lou McLaren, MVP; Laura Hubbell, CVMC; Dana Noble, United Health Alliance; Wendy Cornwell, BMH; Beth Steckel, FAHC; Darcy Bohannon, CHSLV; Julie Riffon, Tracey Paul, NCH; LaRae Francis, Gifford Hospital; Sarah Narkewicz, Marie Gilmond, RRM; Laural Ruggles, NVRH; Nancy Thibodeau, Springfield Hospital; Crystal Thibodeau, Mt. Ascutney Hospital; Pat Jones, Jenney Samuelson, Beth Tanzman, Terri Price, Blueprint.

**CMS Payments:**

CMS is close to final production for the PPSM and CHT payments for October, retroactive to July. The beneficiary attribution and payments are very complex. Vermont has many FQHCs and Rural Health Clinics, sometimes with multiple billing numbers. The CMS contractor has been very helpful and is trying to make the process as smooth as possible. They are doing one more test run and then hopefully they will go live with payment. Medicare claims need to sit on the claims floor for 2 weeks before payment can be sent out. Pat thanked all project managers for their continued patience and cooperation during this time.

Dana Noble noted that some practices are finding that the numbers seem low for Medicare. Pat said that Medicare is including beneficiaries with Medicare parts A and B, as well as beneficiaries with Medicare and Medicaid. Dana asked what practices should do if they still feel the numbers are low after reviewing the information. Pat replied that there is some opportunity to compare lists. If a practice really feels that there is a problem, the project manager should let her know. She has previously sent out the Medicare algorithm. The first step is for practices to carefully look at the algorithm, and consider whether some of their patients are Vermont residents, have another insurance plan that is primary, or have been to another practice more recently or more often. If a practice wants to compare lists, the Blueprint can send the practice's Medicare attribution file to them if they have signed a Data Use Agreement (DUA). If they haven't signed a DUA, they can send the Blueprint a list of **HIC Numbers ONLY** to compare numbers to the CMS list.

**CHT Payments:**

Medicaid, CIGNA and MVP currently require invoices for CHT payments. BCBSVT and Medicare do not require invoices. CHT payments are now prospective; invoices should ideally be sent during the first few weeks of the quarter (for quarterly invoices) and early in the month (for monthly invoices). Invoices should be sent to the contact on the payment methodology grid. CIGNA needs an invoice on letterhead indicating the

time period and the amount. MVP needs an invoice number, date, description of what the invoice is for, tax ID number, who to make the check out to, and where to send it. Medicaid invoices should be similar to the MVP invoices.

CHT payments will go up or down quarterly, based on total unique patient numbers provided by the practices prior to the start of the quarter. Practices scored on or before the first day of the quarter will be included in the total unique patient numbers calculation for that quarter.

#### **Payment Information Requests:**

In an effort to keep the information requests as simple as possible, the Blueprint might separate the two worksheets in the payment roster. The second tab (Demographics) is needed when a practice is scheduled for scoring and might need to be reviewed and updated more frequently. The payment information on the first tab is needed about two months before scoring, tends to be more static, and is updated on an as-needed basis. The Blueprint will also need information about CHT staffing. Pat noted that each month the NCQA scoring timeline will be sent to the payers with the most recent NCQA scores.

#### **Self-funded Employers:**

MVP and CIGNA emailed lists of their self-funded (self-insured) employer accounts to the Project Managers. BCBSVT routinely includes theirs with their monthly attribution and payment snapshots.

#### **Providers Practicing at More than One Location:**

Project managers asked what payers do if a provider works at more than one practice/location. CIGNA uses the Primary Care Practice outreach program manager to verify which practice is the provider's main site and assigns the provider only to that site; the percent FTE data provided by practices on the roster is very helpful. MVP has already determined the primary site for those providers. BCBSVT also identifies primary practice sites for those providers. Medicaid lists the providers with each practice. Lou McLaren noted that there are practices that cross HSAs, so HSAs may disagree about where providers are located. Medicare assigns providers to only one site.

Pat will add a row to the Payment Methodology Grid to clarify this issue; she will send it to the payers to review before distributing and posting it.

#### **Multi-Site Practice Payment Reports:**

Dana received a note from Primary Care Health Partners, a multi-practice organization which now has more than one practice receiving PPPM payments. Will they receive a breakdown of payments by practice? BCBSVT indicated that they would report by provider when there is one tax ID number for multiple locations. MVP said they would report by practice, rather than by provider. CIGNA also indicated that they would report by practice. Medicaid said that the payment is itemized by physician. Medicare's process is unknown at this point, but it might be by beneficiary. Dana said that if it is by beneficiary, it will require a lot of manual work. She asked if there would be a contact at

Medicare; Pat said that she should be contacted first; at a minimum she should be able to provide beneficiary counts by practice.

**Meeting Schedule:**

Wednesdays seem to work well for everyone; most members recommended occasional in-person meetings. Two in-person meetings will be scheduled in 2012; the Blueprint will try to coordinate them with other in-person meetings that include Payment Implementation participants.

**Next meeting:**

**Wednesday, December 7, 2011**

**1:00 – 2:00 pm**

**Conference Call**

**Call in number: 1-888-394-8197**

**Pin: 313409**